

## **Kansas Attorney General**

## **Derek Schmidt**

**Consumer Protection Division** 

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## **Professional Fund Raiser Operating Statement**

Instructions: All information must be completed or this document will not be accepted for filing. This form must be filed for any charitable organization before acting as a professional fund raiser for the charitable organization. All Professional Fund Raiser Operating Statements are registered for a period of one year, July 1 through June 30. 1. This report covers the registration year of: **Beginning Date: Ending Date:** Month Year Month Year Day 1 30 2. Name of the professional fund raiser: Name 3. Address of the principal place of business: City Zip State 4. Name of charitable organization: City State αiΣ 5. Fund raising activity (actual or expected): **Beginning Date: Ending Date:** Month Day Month Year Year Day 6. I declare under penalty of perjury that the foregoing is true. Name (Printed or Typed) Title/Position Authorized signature(s) of professional fund raiser (proprietor, or all **Executed on** partners, or corporate officer and titles).

Signature

Year

Day

Month